

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="47941.84"/>	<input type="text" value="47941.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58221.31"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45185.56"/>	<input type="text" value="82081.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="103406.87"/>	<input type="text" value="130023.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46531.66"/>	<input type="text" value="73148.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56875.21"/>	<input type="text" value="56875.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19243.74	36309.31
(ii) Unitemized	941.82	5772.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20185.56	42081.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	25000.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	45185.56	82081.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	45185.56	82081.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45185.56	82081.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	31.66	148.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	31.66	148.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	68000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5000.00	5000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46531.66	73148.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46531.66	73148.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45185.56	82081.68
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40185.56	77081.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	31.66	148.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31.66	148.31

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Jeremy Allen
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Americas Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt
03 / 13 / 2015

Transaction ID : 2015040914730-3

Amount of Each Receipt this Period
125.00

B. Jeremy Allen
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Americas Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt
03 / 31 / 2015

Transaction ID : 2015040914740-3

Amount of Each Receipt this Period
125.00

C. Tom Amontree
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Business Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt
03 / 13 / 2015

Transaction ID : 2015040914730-4

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional).....▶	458.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Tom Amontree
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Business Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 2015040914740-4
 Amount of Each Receipt this Period
 208.33

B. Carmella Bocchino
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : 2015040914730-5
 Amount of Each Receipt this Period
 208.33

C. Carmella Bocchino
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 2015040914740-5
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....▶	624.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Dianne Bricker		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2015 Transaction ID : 2015040914730-6
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 41.67
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.02	

Full Name (Last, First, Middle Initial) B. Dianne Bricker		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015 Transaction ID : 2015040914740-6
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 41.67
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.02	

Full Name (Last, First, Middle Initial) C. Kathleen Callanan		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2015 Transaction ID : 2015040914730-7
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

SUBTOTAL of Receipts This Page (optional).....▶	166.67
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Kathleen Callanan
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **03 / 31 / 2015**

Transaction ID : 2015040914740-7

Amount of Each Receipt this Period **83.33**

B. Winthrop Cashdollar
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **03 / 13 / 2015**

Transaction ID : 2015040914730-8

Amount of Each Receipt this Period **62.50**

C. Winthrop Cashdollar
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **03 / 31 / 2015**

Transaction ID : 2015040914740-8

Amount of Each Receipt this Period **62.50**

SUBTOTAL of Receipts This Page (optional).....▶	208.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)
A. Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President, Marketing and Graphics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 2015040914730-9

Amount of Each Receipt this Period
104.17

Full Name (Last, First, Middle Initial)
B. Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President, Marketing and Graphics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 2015040914740-9

Amount of Each Receipt this Period
104.17

Full Name (Last, First, Middle Initial)
C. Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Director Insurance Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 2015040914730-12

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **270.84**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Gregory Dean
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Director Insurance Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-12

Amount of Each Receipt this Period
62.50

B. Mary Beth Donahue
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive VP, Policy & Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
03 / 13 / 2015
Transaction ID : 2015040914730-14

Amount of Each Receipt this Period
208.33

C. Mary Beth Donahue
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive VP, Policy & Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-14

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 479.16

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Daniel Durham
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : 2015040914730-15
 Amount of Each Receipt this Period
 208.33

B. Daniel Durham
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 2015040914740-15
 Amount of Each Receipt this Period
 208.33

C. Paul Eiting
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Deputy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : 2015040914730-16
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	458.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Paul Eiting
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Deputy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.02

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-16

Amount of Each Receipt this Period
41.67

B. Matthew Eyles
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Director, Policy & Regulator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt
03 / 13 / 2015
Transaction ID : 36308288B9364578B8F1

Amount of Each Receipt this Period
475.00

March Contribution 1/10

C. Candy Gallaher
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
03 / 13 / 2015
Transaction ID : 2015040914730-18

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 558.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Candy Gallaher
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **03 / 31 / 2015**

Transaction ID : 2015040914740-18

Amount of Each Receipt this Period **41.67**

B. Cynthia Goff
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer BlueCross and BlueShield of Minnesota Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **03 / 13 / 2015**

Transaction ID : 2015040914730-20

Amount of Each Receipt this Period **83.33**

C. Cynthia Goff
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer BlueCross and BlueShield of Minnesota Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **03 / 31 / 2015**

Transaction ID : 2015040914740-20

Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **208.33**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Daniel Hilferty
Full Name (Last, First, Middle Initial)

Mailing Address 200 Stevens Dr

City Philadelphia State PA Zip Code 19113-1522

FEC ID number of contributing federal political committee. **C**

Name of Employer Independence BlueCross Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 10 / 2015
Transaction ID : 5ABC8B25960B43CAB340

Amount of Each Receipt this Period 5000.00

Annual Contribution

B. David Holmberg
Full Name (Last, First, Middle Initial)

Mailing Address 22314 Viajes

City San Antonio State TX Zip Code 78261-2867

FEC ID number of contributing federal political committee. **C**

Name of Employer Highmark Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 19 / 2015
Transaction ID : 32F331FE4A944E14862D

Amount of Each Receipt this Period 2000.00

Annual Contribution

C. Burt Hudson
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Deputy Director, Client Learning Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 13 / 2015
Transaction ID : 2015040914730-23

Amount of Each Receipt this Period 41.67

Annual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 7041.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Burt Hudson
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Deputy Director, Client Learning Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-24

Amount of Each Receipt this Period
41.67

B. Crystal Kuntz
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
03 / 13 / 2015
Transaction ID : 2015040914730-28

Amount of Each Receipt this Period
83.33

C. Crystal Kuntz
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-29

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.33

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Courtney Lawrence		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2015040914730-29
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) B. Courtney Lawrence		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2015040914740-30
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) C. Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2015040914730-30
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="208.33"/>
	<input type="text" value="1249.98"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="374.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Beth Leonard
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Director Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-31

Amount of Each Receipt this Period
208.33

B. Paul Markovich
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale St

City San Francisco State CA Zip Code 94105-1813

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
03 / 02 / 2015
Transaction ID : BEC996B823CF4CD9B25F

Amount of Each Receipt this Period
2000.00

Annual Contribution

C. Julie Miller
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
03 / 13 / 2015
Transaction ID : 2015040914730-39

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional).....▶	2270.83
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Julie Miller
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 31 / 2015**

Transaction ID : 2015040914740-40

Amount of Each Receipt this Period **62.50**

B. Susan Pisano
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **906.34**

Date of Receipt **03 / 13 / 2015**

Transaction ID : 2015040914730-43

Amount of Each Receipt this Period **134.39**

C. Susan Pisano
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **906.34**

Date of Receipt **03 / 31 / 2015**

Transaction ID : 2015040914740-44

Amount of Each Receipt this Period **134.39**

SUBTOTAL of Receipts This Page (optional)..... **331.28**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Lawrence Platt
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
03 / 13 / 2015
Transaction ID : 2015040914730-44

Amount of Each Receipt this Period
83.33

B. Lawrence Platt
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-45

Amount of Each Receipt this Period
83.33

C. Glenn Pomerantz
Full Name (Last, First, Middle Initial)

Mailing Address 56 Twin Oak Rd

City Short Hills State NJ Zip Code 07078-2259

FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Blue Cross Blue Shield of New Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 13 / 2015
Transaction ID : A68D4527F0F041DC9BED

Amount of Each Receipt this Period
2500.00

Annual Contribution - Horizon BCBSNJ

SUBTOTAL of Receipts This Page (optional).....▶ 2666.66

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Mark Pratt
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
03 / 13 / 2015

Transaction ID : 2015040914730-45

Amount of Each Receipt this Period
125.00

B. Mark Pratt
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
03 / 31 / 2015

Transaction ID : 2015040914740-46

Amount of Each Receipt this Period
125.00

C. James Roosevelt Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 705 Mount Auburn St

City Watertown State MA Zip Code 02472-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Health Plan Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
03 / 19 / 2015

Transaction ID : 8FB8059FFE5B4F52AA0B

Amount of Each Receipt this Period
2000.00

Annual Contribution

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Lisa Shreve
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
03 / 13 / 2015
Transaction ID : 2015040914730-47

Amount of Each Receipt this Period
41.67

B. Lisa Shreve
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-48

Amount of Each Receipt this Period
41.67

c. Charles Stellar
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
03 / 13 / 2015
Transaction ID : 2015040914730-48

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Charles Stellar
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-49

Amount of Each Receipt this Period
208.33

B. Mark Van Koeving
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
03 / 13 / 2015
Transaction ID : 2015040914730-51

Amount of Each Receipt this Period
83.33

C. Mark Van Koeving
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
03 / 31 / 2015
Transaction ID : 2015040914740-52

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	374.99
TOTAL This Period (last page this line number only).....▶	19243.74

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Aflac Political Action Committee (AFLAC PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1932 Wynnton Road
 City Columbus State GA Zip Code 31999
 FEC ID number of contributing federal political committee. **C** C00034157
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 30 / 2015
Transaction ID : 393A9DACD51E4E37879D
 Amount of Each Receipt this Period 5000.00
 Annual Contribution

B. Cambia Health Solutions Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 SW Market St PO Box 1271/MS E12C
 City Portland State OR Zip Code 97207-1271
 FEC ID number of contributing federal political committee. **C** C00252684
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 17 / 2015
Transaction ID : 5A673CAB7205481ABE64
 Amount of Each Receipt this Period 5000.00
 Deposit in Error - Refund on 3/31/2015

C. Cambia Health Solutions Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 SW Market St PO Box 1271/MS E12C
 City Portland State OR Zip Code 97207-1271
 FEC ID number of contributing federal political committee. **C** C00252684
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 23 / 2015
Transaction ID : 8FD10C21177C4C41B335
 Amount of Each Receipt this Period 5000.00
 Annual Contribution - 03/20/2015

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Health Care Service Corporation Employees' Political Action Committee		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 Transaction ID : 01C33B0122C64F3B8257
Mailing Address 300 E. Randolph Legal Department		Amount of Each Receipt this Period 5000.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C C00199711	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Humana Inc. Political Action Committee		Date of Receipt MM / DD / YYYY 03 / 02 / 2015 Transaction ID : 9234DEFBBCBD4DD08114
Mailing Address 975 F Street, NW Suite 550		Amount of Each Receipt this Period 5000.00
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00271007	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ameriash B. Bera

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

Transaction ID : 7A96963A18454F43369

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Blue Dog Political Action Committee

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Blue Dog Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

Transaction ID : 601CE0D8369EF99BFB2

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Chuck Fleischmann for Congress Committee, Inc.

Mailing Address PO Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles J. Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	5

Transaction ID : 4F863624E903252EF33

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Johnson for Congress

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
2016 Primary

011

Candidate Name

William L. Johnson

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : C3842C6B6D6262CD381

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : EA93C3BBE23B40CA441

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Voided 02/17/2015 contribution

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 003EABCD6F7A1F56B31

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Luke Messer for Congress

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
2016 Primary

011

Candidate Name

Allan Lucas Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : 118CCB45A5C581A612B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Martin Heinrich for Senate

Mailing Address PO Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2018 Primary

011

Candidate Name

Martin Heinrich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 7E72BCF4185FF807624

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

New Democrat Coalition PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : 029743F47B309C954F0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. ORRINPAC

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2015 Contribution

011

Candidate Name
ORRINPAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2015

Transaction ID : F992C0DCB4B6E6C841A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Richmond for Congress

Mailing Address 1631 Elysian Fields
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement
2016 Primary

011

Candidate Name
Cedric Levon Richmond

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: LA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : 04C9B73E6A4B1EA2C9E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. The Eye of the Tiger Political Action Committee

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
2015 Contribution

011

Candidate Name
The Eye of the Tiger Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : 12235F3E6E6EAAA5C58

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. The Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard M. Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : A5B25874261FA2EA04B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

41500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Cambia Health Solutions Inc. PAC

Mailing Address 200 SW Market St
PO Box 1271/MS E12C

City Portland State OR Zip Code 97207-1271

Purpose of Disbursement
Refund Issued for 03/17/2015 Deposit in Error

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 65C2BA22E7172E682AB

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶